



Troop Travel Form

Required for all trips, troop camping, and overnights.

Please select distance of travel below:

- 0-75 miles away from regular meeting place, including overnight and day trips
(Return form to Membership Manager 10 days prior to trip)
- 75-250 miles away from regular meeting place, including overnight and day trips
(Return form to Membership Manager 1 month prior to trip)
- 250 miles or more from regular troop meeting place and/or longer than 2 nights
(Return form to Membership Manager 2 months prior to trip)

For Trips longer than 2 nights, additional insurance is required and needs to be purchased through the council. Please see the *Additional Insurance Request Form* for more information.

Please attach proof of insurance and copy of each driver's license for each vehicle if providing transportation for the troop.

Please fill out all applicable sections completely for proper travel approval.

Troop Information

Service Unit: _____	Age Level _____	Troop # _____
Leader/Trip Coordinator: _____	E-mail _____	
Address: _____	City: _____	State: _____ Zip _____
Phone: (H) _____	(W) _____	Cell _____

Travel Dates/Times

Departing on: Day of week _____	Date _____	at (time) _____	<input type="checkbox"/> AM or <input type="checkbox"/> PM
Departing from: Name of location/Street Address _____	City _____ State _____		
Returning on: Day of week _____	Date _____	at (time) _____	<input type="checkbox"/> AM or <input type="checkbox"/> PM
Returning from: Name of location/Street Address _____	City _____ State _____		

Primary Geographic Destination

Name of Area _____					
County _____	City _____			State _____	
Type of Facilities (check all that apply)	<input type="checkbox"/> Theme Park	<input type="checkbox"/> State Park	<input type="checkbox"/> National Park	<input type="checkbox"/> Museum	<input type="checkbox"/> Aquarium
	<input type="checkbox"/> Horses	<input type="checkbox"/> Recreation	<input type="checkbox"/> Water/Swim	<input type="checkbox"/> Zoo	<input type="checkbox"/> Skating
	<input type="checkbox"/> Bowling	<input type="checkbox"/> Movies	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
*Note: Please attach an itinerary if going to multiple locations.					

Number of Participants

	Youth (under age 18)		Adult (over age 18)		Total
	Female	Male	Female	Male	
Registered with your troop					
NOT registered with your troop					

Emergency Contact Person (who will not be on the trip)

Name _____	Relation to troop _____
Address: _____	City: _____ State: _____ Zip _____
Phone: (H) _____	(W) _____ Cell _____

Regional Service Centers

Columbus, MS – 662-328-1930 ♦ FAX: 662-328-1220 ♦ 321 7th Street North, Columbus, MS 39701 ♦ Mailing: P. O. Box 2492, Columbus, MS 39704
 Corinth, MS – 662-287-8321 ♦ FAX: 662-286-8142 ♦ 718 Taylor Street, Corinth, MS 38834 ♦ Mailing: P. O. Box 1145, Corinth, MS 38835
 Greenwood, MS – 662-453-2034 ♦ FAX: 662-453-2035 ♦ 305 East Washington Street, Greenwood, MS 38935 ♦ Mailing: P. O. Box 1816, Greenwood, MS 38935
 Jackson, TN – 731-668-1122 ♦ FAX: 731-661-0011 ♦ 1007 Old Humboldt Road, Jackson, TN 38305
 Memphis, TN – 901-767-1440 or 800-727-8104 ♦ FAX: 901-797-2183 ♦ 2715 Kirby Pkwy, Ste 1, Mphs, TN 38119 ♦ Mailing: PO Box 240246, Memphis, TN 38124
 Tupelo, MS – 662-844-7577 or 800-624-4185 ♦ FAX: 662-680-3164 ♦ 1800 W. Main St., Tupelo, MS 38801 ♦ Mailing: P.O. Box 1087, Tupelo, MS 38802
 Website: www.girlscoutshs.org

Sleeping Accommodations

Name of Facility _____ Dates Used _____
 Address _____ City _____ State _____
 On Site Phone _____ On Site Contact _____
 Type of Lodging (please check one) Tent Home Cabin/Lodge Hotel/Motel
 Other _____

Note: Per GSUSA policy, separate sleeping quarters and bathroom facilities must be provided for any males in attendance.

Type of Transportation and Drivers

All drivers must fill out a *Driver and Vehicle Information Form* and return it to the troop leader for their records.

Privately Owned Vehicles (Please list the number of each type to be used.)
 Automobile Bus Other (give full description of the vehicle) _____
 Leased/Rented Vehicles (Please list the number of each type to be used.)
 Automobile Bus Other (give full description of the vehicle) _____
 *Leased/rented from _____ Phone _____
 Address _____ City _____ State _____

Note: Leased/rented vehicle contracts must be signed by GSHS CEO before departure, please allow at least 2 weeks to process.

Driver(s) Name & License No.	Attached copy of license and current insurance (Yes or No)	Filled out Driver and Vehicle Form (Yes or No)	Registered Girl Scout (Yes or No)

Trained Adults with Troop (Insert date trained. Specify "Other" skills.)

At least one certified First Aider (trained in CPR and First Aid) and a first aid kit **must** be present at all times during trip.

Person with Certified Training	*First Aid	*CPR	**Event Camp License (ECL)	**Troop Camp License (TCL)	Advance Backpacking License (ABL)	Archery	Small Craft Safety	Life Guard	Other

*Required for any troop trip

**Required for any outdoor camping such as troop camping, a camporee, or council event camping. See travel guidelines for more information.

Consultants or Resource Personnel at Utilized Facilities (Specify "Other Skills" needed or utilized)

Facility Name	Consultant's Name (if known)	Outdoor Skills	First Aid	Life Guard	Small Craft	Other Skills
<i>Ex: Smoky Bear Park</i>	<i>Jim James</i>		Yes		Yes	Archery

Other Organizations/Groups Involved or in Attendance

Name of Organization	# Girls	# Boys	# Adults	Total

For Council Use Only

Date Received _____ Received By _____
 Participant's List Complete? Yes No Contracts/Leases # _____ Y _____ A
 Troop Trip Itinerary Complete? Yes No Male Participants # _____ Y _____ A
 Girl Scout Additional Insurance Application Filed/Paid (if applicable) Yes (Date Sent to Mutual of Omaha _____) No
 Approved Membership Manager Date _____
 Confirmation of Approval Sent by: _____ Date _____
 Notes: _____

Troop Trip Participant Information

Please print

	Participant Name	Youth or Adult	Male or Female	Registered Girl Scout Yes or No	Emergency Contact Name	Phone # with Area Code	Relationship to Participant
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Wireless Telephone Numbers on trip

Name of Adult with phone _____	Number with Area Code _____
Name of Adult with phone _____	Number with Area Code _____

Copy and use additional pages if necessary.